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**UNITED STATES DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE**

1. REGISTRATION NO.  
23-R-0011

**FORM APPROVED**  
**OMB NO. 0579-0036**

**CONTINUATION SHEET FOR ANNUAL REPORT  
OF RESEARCH FACILITY  
( TYPE OR PRINT)**

**2. HEADQUARTERS RESEARCH FACILITY** (Name and Address, as registered with USDA, include Zip Code)

Thomas Jefferson University  
1020 Walnut Street  
Philadelphia, PA 19107  
Telephone: (215) 503-5885

**REPORT OF ANIMALS USED BY OR UNDER CONTROL OF RESEARCH FACILITY** (Attach additional sheets if necessary or use this form.)

## **ASSURANCE STATEMENTS**

- 1) Professionally acceptable standards governing the care, treatment, and use of animals, including appropriate use of anesthetic, analgesic, and tranquilizing drugs, prior to, during, and following actual research, teaching, testing, surgery, or experimentation were followed by this research facility
- 2) Each principal investigator has considered alternatives to painful procedures
- 3) This facility is adhering to the standards and regulations under the Act, and it has required that exceptions to the standards and regulations be specified and explained by the principal investigator and approved by the Institutional Animal Care and Use Committee (IACUC). A summary of all such exceptions is attached to this annual report. In addition to identifying the IACUC-approved exceptions, this summary includes a brief explanation of the exceptions, as well as the species and number of animals affected
- 4) The attending veterinarian for this research facility has appropriate authority to ensure the provision of adequate veterinary care and to oversee the adequacy of other aspects of animal care and use.

**CERTIFICATION BY HEADQUARTERS RESEARCH FACILITY OFFICIAL**  
(Chief Executive Officer or Legally Responsible Institutional Official)

I certify that the above is true, correct, and complete (7 U.S.C. Section 2143)

**SIGNATURE OF C.E.O. OR INSTITUTIONAL OFFICIAL**

**NAME & TITLE OF C.E.O. OR INSTITUTIONAL OFFICIAL (Type or Print)**

**DATE SIGNED**

(b)(6), (b)(7)c

11/aa/05

Annual Report of Research Facility  
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**Explanation of Category E**

27 non-human primates were injected with [REDACTED] (b)(4)  
Animals received careful monitoring and appropriate supportive care, but the development of neurological signs was a necessary feature of this animal model.

5 non-human primates were injected with [REDACTED] (b)(4)  
[REDACTED] (b)(4) Animals received careful monitoring and appropriate supportive care, but the development of neurological signs was a necessary feature of this animal model.

**Reportable IACUC Approved Exceptions**

The IACUC approved an exception to USDA regulations and the Guide to [REDACTED]  
[REDACTED] (b)(4)

The IACUC has established written guidelines for this procedure.

One primate that received [REDACTED] (b)(4) developed neurological signs in which it was deemed unsafe to maintain a perch in their cage. The IACUC approved this exception.

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**Site:** 005

(b)(2)High, (b)(7)f

(b)(6), (b)(7)c

**Status:** Active

(b)(2)High, (b)(7)f

(b)(6), (b)(7)c